

MEDICAL PLAN COMPARISON	CIGNA Open Access 30/40	CIGNA Open Access 15/25	CIGNA Point of Service		CIGNA Health Reimbursement Account
	In-Network Benefits	In-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits
Individual Deductible	None	None	None	\$300	\$1,200
Family Deductible	None	None	None	\$600	\$2,400 Employee +1; \$3,600 Employee and family
Individual Out-Of-Pocket Maximum	\$2,000	\$2,000	\$2,000	\$3,000	\$2,000 Employee
Family Out-Of-Pocket Maximum	\$6,000	\$6,000	\$6,000	\$6,000	\$4,000 Employee +1; \$6,000 Employee and family
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Primary Physician Office Visit	\$30 per visit	\$15 per visit	\$30 per visit	20% after the deductible is met	0% after the deductible is met
Specialist Office Visit	\$40 per visit	\$25 per visit	\$40 per visit	20% after the deductible is met	0% after the deductible is met
Inpatient Hospital Services	No Charge	No Charge	No Charge	20% after the deductible is met	0% after the deductible is met
Outpatient Hospitalization	No Charge - Physician: \$30; Specialist \$40 per visit	No Charge - Physician: \$15; Specialist \$25 per visit	No Charge	20% after the deductible is met	0% after the deductible is met
Diagnostic X-Ray Lab	No Charge	No Charge	No Charge	20% after the deductible is met	0% after the deductible is met
Prescription Drugs	Retail (30 Day Supply): \$10 / \$20 / \$35; Home Delivery or Retail (90 Day Supply): \$20 / \$40 / \$70	Retail (30 Day Supply): \$10 / \$20 / \$35; Home Delivery or Retail (90 Day Supply): \$20 / \$40 / \$70	Retail (30 Day Supply): \$10 / \$20 / \$35; Home Delivery or Retail (90 Day Supply): \$20 / \$40 / \$70	Not Covered	Retail (30 Day Supply): Generic 30%; Preferred brand 40%; Non-preferred brand 50% Retail & Mail Order (90 Day Supply): Generic 30%; Preferred brand 40%; Non-preferred brand 50%
Preventive Care	No Charge	No Charge	No Charge	20% after the deductible is met	No Charge
Pregnancy & Maternity	Pre/Postnatal: Plan pays 100%; Delivery/Facility Serv: Facilities: \$0 copay- Plan pays 100%	Pre/Postnatal: Plan pays 100%; Delivery/Facility Serv: Facilities: \$0 copay- Plan pays 100%	\$30 PCP/ \$40 Specialist per visit for Pre & Postnatal Visits, Delivery & Facility Services: Plan pays 100%	Deductible, then 20% of Allowed Benefit for Pre& Postnatal Visits, Delivery & Facility Services, Nursery Care	Pre/Postnatal: Plan pays 100%; Delivery/Facility Serv: Facilities: \$0 copay- Plan pays 100%
Emergency Room	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit	\$50 per visit	0% after the deductible is met
Urgent Care Center	\$40 per visit	\$25 per visit	\$40 per visit	\$40 per visit	0% after the deductible is met
Mental Health In-Patient	No Charge	No Charge	No Charge	20% after the deductible is met	0% after the deductible is met
Mental Health Out-Patient	\$40 per visit	\$25 per visit	\$40 per visit	20% after the deductible is met	0% after the deductible is met
Substance Abuse In-Patient	No Charge	No Charge	No Charge	20% after the deductible is met	0% after the deductible is met
Substance Abuse Out-Patient	\$40 per visit	\$25 per visit	\$40 per visit	20% after the deductible is met	0% after the deductible is met
Outpatient Chiropractic	\$30 PCP/ \$40 Specialist (limited to 20 visits/benefit period)	\$15 PCP/ \$25 Specialist (limited to 20 visits/benefit period)	\$30 PCP/ \$40 Specialist (limited to 20 visits/benefit period)	Deductible, then 20% of Allowed Benefit (20 visits/ benefit period)	Plan pays 100% after deductible is met (limited to 20 visits/benefit period)
Durable Medical Equipment	No Charge	No Charge	No Charge	20% after the deductible is met	0% after the deductible is met
Home Health Care	No Charge	No Charge	No Charge	20% after the deductible is met	0% after the deductible is met
<i>This comparison is provided to highlight the benefits offered by the various health insurance plans. Please refer to each plan's benefits summary for detailed information, or contact their member services department to discuss specific benefits and exclusions. The plan contracts are the binding and overriding documents in matters of benefits and coverage. Any dispute arising from a variance between this document and the plan contracts shall be settled according to the provisions of the plan contract.</i>					

MEDICAL PLAN COMPARISON	Kaiser HMO	Kaiser Point of Service	
	In-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Individual Deductible	None	None	\$300
Family Deductible	None	None	\$600
Individual Out-Of-Pocket Maximum	\$3,500	\$3,500	\$3,000
Family Out-Of-Pocket Maximum	\$9,400	\$9,400	\$6,000
Lifetime Maximum	N/A	N/A	N/A
Primary Physician Office Visit	\$20 copay	\$20 per visit	20% of UCR*
Specialist Office Visit	\$30 copay	\$30 per visit	20% of UCR*
Inpatient Hospital Services	No Charge	No Charge	20% of UCR*
Outpatient Hospitalization	\$50 per procedure	\$50 per procedure	20% of UCR*
Diagnostic X-Ray Lab	No Charge	No Charge	20% of UCR*
Prescription Drugs	Kaiser pharmacy & mail order (up to 60 day supply): \$10 / \$20 / \$35: Participating network	Kaiser pharmacy & mail order (up to 60 day supply): \$10 / \$20 / \$35: Participating network	See In-Network Benefits
Preventive Care	No Charge	No Charge	20% after annual deductible
Pregnancy & Maternity	No Charge	No Charge	20% after annual deductible
Emergency Room	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)
Urgent Care Center	\$20 per visit/ \$30 per visit (Specialty)	\$20 per visit/ \$30 per visit (Specialty)	20% of UCR*
Mental Health In-Patient	No Charge	No Charge	20% of UCR*
Mental Health Out-Patient	\$20 per visit for Individual Therapy/ \$10 per visit for Group Therapy	\$20 per visit for Individual Therapy/ \$10 per visit for Group Therapy	20% of UCR*
Substance Abuse In-Patient	No Charge	No Charge	20% of UCR*
Substance Abuse Out-Patient	\$20 per visit for Individual Therapy/ \$10 per visit for Group Therapy	\$20 per visit for Individual Therapy/ \$10 per visit for Group Therapy	20% of UCR*
Outpatient Chiropractic	\$30 copay - limited 20 visits	\$30 copay - limited 20 visits	20% of UCR* - limited 20 visits
Durable Medical Equipment	50% of allowable charge	50% of allowable charge	60% of UCR*
Home Health Care	No Charge	No Charge	20% of UCR*
<i>This comparison is provided to highlight the benefits offered by the various health insurance plans. Please refer to each plan's benefits summary for detailed information, or contact their member services department to discuss specific benefits and exclusions. The plan contracts are the binding and overriding documents in matters of benefits and coverage. Any dispute arising from a variance between this document and the plan contracts shall be settled according to the provisions of the plan contract.</i>			

*UCR = Usual, customary, and reasonable charge